

MI 8000801307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

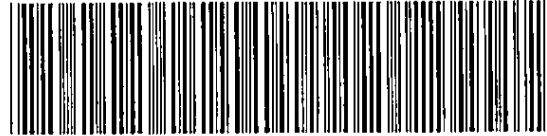
(Business Entity Name)

(Document Number)

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2020 FEB 11 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FL  
2020 FEB 11 11:20:01

O SIMMONS

FEB 12 2020

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 176507 7993908

AUTHORIZATION :

COST LIMIT : \$25.00



ORDER DATE : February 11, 2020

ORDER TIME : 11:20 AM

ORDER NO. : 176507-005

CUSTOMER NO: 7993908

CHANGE OF AGENT

NAME: GOHEALTH 360, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Kadesha Roberson -- EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GoHealth 360, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Felisha Toledo

\_\_\_\_\_  
Name of Person

GoHealth 360, LLC

\_\_\_\_\_  
Firm/Company

5180 W Atlantic Avenue Ste 105

\_\_\_\_\_  
Address

Delray Beach, FL 33484

\_\_\_\_\_  
City/State and Zip Code

felishat@gohealth360.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Felisha Toledo

at ( 254 ) 221-9943

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: GoHealth 360, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

5180 W Atlantic Ave ste 105

Delray Beach FL 33484

2/5/2018

M18000001307

3. Date of filing/registration in Florida

4. Document number

5. (a) Felisha Toledo

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5180 W Atlantic Avenue

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Ste 105

Delray Beach, FL 33484

(b) Corporation Service Company

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street

NEW Registered Office Address:

Tallahassee, FL 32301

FILED  
2020 FEB 11 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Felisha Toledo  
Signature of a member or authorized representative of a member

Felisha Toledo  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Kadesha Roberson  
Signature of Registered Agent Corporation Service Company BY:

Kadesha Roberson  
Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00